

Pg 10F2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 16 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000068463

1. Corporation Name

Invarel, Inc.

2. Principal Office Address - No P.O. Box #

Calle Numacia #21

Suite, Apt. #, etc.

Santa Cruz de Tenerife

City & State

Islas Canarias

Zip

Country

Espana

3. Mailing Office Address

200 South Biscayne Boulevard

Suite, Apt. #, etc.

Sixth Floor

City & State

Miami, FL

Zip

33131

Country

United States

500145935655

03/16/09--01034--023 **1050.00

REINSTATEMENT 07-09

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/15/2006

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

Francisco Martin

Street Address (P.O. Box Number is Not Acceptable)

200 South Biscayne Boulevard

Suite, Apt. #, Etc.

Sixth Floor

City

Miami

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

See attached

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jose Luis Marante Diaz	Calle Numacia 21 Santa Cruz Tenerife	Islas Canarias, Espana
V	Lizett Gonzalez Rodriguez	Calle Numacia 21 Santa Cruz Tenerife	Islas Canarias, Espana

07/3/16

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

See attached



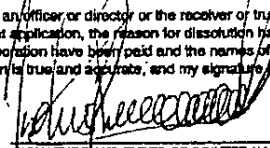
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

pg 2 of 2

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name Invarel, Inc.			
2. Principal Office Address - No P.O. Box # Calle Numacia #21		3. Mailing Office Address 200 South Biscayne Boulevard	
Suite, Apt. #, etc. Santa Cruz de Tenerife		Suite, Apt. #, etc. Sixth Floor	
City & State Islas Canarias		City & State Miami, FL	
Zip	Country Espana	Zip 33131	Country United States
4. Date Incorporated or Qualified To Do Business in Florida 05/15/2006			
5. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Francisco Martin			
Street Address (P.O. Box Number is Not Acceptable) 200 South Biscayne Boulevard			
Suite, Apt. #, Etc. Sixth Floor			
City Miami		State FL	Zip Code 33131
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent 		Date 2/26/09	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jose Luis Marante Diaz	Calle Numacia 21 Santa Cruz Tenerife	Islas Canarias, Espana
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SIGNATURE: 		Date 02/26/09	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	